CITY OF DES PERES
APPLICATION FOR LIMITED LIQUOR LICENSE
SECTION 4, MUNICIPAL CODE
FEE $5.00 PER DAY

1 Name and address of organization requesting license:_____
_____
(Please Provide Managing Officers Authorization of Request for License)

2 Name of Applicant License to be issued in:_____

3 Address, SS#, Date of Birth, Place of Birth of Applicant:
_____
_____
(Attach copy of Drivers License)

4 Applicant is registered to vote in Missouri _____Township_____Precinct
(Attach copy of proof of registration)

5 Purpose of Event:_____
_____

6 Location of Event:_____
_____

7 Date(s)/Time of Event:_____

8 Has Applicant ever been convicted or plead guilty to a crime_____
If yes, state nature of charge, date of conviction or plea, and court venue
_____
_____

Applicant agrees to comply with the provision of the ordinances of the City of Des Peres and the State of Missouri in relation to the regulation and control of delivery of the intoxicating liquor. Applicant authorizes the Des Peres Department of Public Safety to conduct a criminal record check of the individuals contained within this Application

_____
Applicant

State of Missouri/St. Louis County:SS

Subscribed and sworn to before me this _____ day of _____, 200__.

_____
Notary Public

NOTE: Upon City Approval of License Applicant must also make application to the State of Missouri Division of Liquor Control (314-340-6835); and St. Louis County (314-615-4217)

Please return completed Application, with remittance, to the City Clerk
12325 Manchester Road, Des Peres, Missouri 63131 (314) 835-6100

DPS Approval: Granted _____ **Denied**_____
Dated:
DPS By:_____